

BHARAT SANCHAR NIGAM LIMITED (http://www.bsnl.co.in)

MANDATE FORM

Subscribers authorization to pay telephone bills through Electronic Clearing Service(Debit)

1.SUBSCRIBER'S NAME(in block letters):
2.TELEPHONE NUMBER(S)* :
1)3)
4)6)
3.PARTICULARS OF BANK
a)BANK NAME
BRANCH NAME &ADDRESS
b) 9 DIGIT CODE NUMBER OF THE BANK BRANCH:
(Appearing on the MCIR cheque issued by the bank. Please consult your banker)
c) ACCOUNT TYPE(S.B Account/Current Account/Cash Account):
d) ACCOUNT NUMBER:
e)LEDGER FOLIO : (if appearing on the cheque)
f) NAME OF THE ACCOUNT HOLDER:
I/We here by declare that the particulars given above are correct and express my/willingness to settle the payment of regular bi-monthly telephone bills referred to above through participation in E.C.S of Reserve Bank of India, (Place) and here by authorize Accounts Officer (TR) , (Place) Telephones to raise debits on such regular bi-monthly telephone bills as referred to above through this scheme electronically for adjustment against my/our account In the event of my bank being unable to debit my /our account for what so ever reasons, I/We will pay the bills directly to (Place) Telephones by cash. I/We will inform (Place) Telephones any changes in my /our Bank Account.

ADDRESS	(Signature of Subscriber)
The details Enclosed above are correct as per our records.	(In case name of Subscriber differs from that of A/c holder)
Bank Stamp Authorized Signatory	Name of Account Holder (In block letters)
telephone number/s,	,,
·, ·iss ccount Holder's Name)	ued to
Bharat Sanchar Nigam Limited".	
(Ciamoturo	of the Account Holder)